

CHRONOLOGICAL RECORD OF MEDICAL CARE
Smallpox immunization Continuation Note

32440

Today's Date (M M / D D / Y Y Y Y)

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Additional Notes on Problems, Issues or Concerns of Patient or Provider related to Vaccine Assessment or Follow-up

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Provider Assessment and Plan

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Provider Signature and Printed Name/Stamp:

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Name: Last, First, Middle Initial

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Social Security Number

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RECORDS MAINTAINED AT:

PATIENT	RANK/GRADE
DATE OF BIRTH	SEX
SPONSOR NAME	
RELATIONSHIP TO SPONSOR	
ORGANIZATION	
STATUS	DEPART./SER

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